

# Alberta Public Housing Administrators Spring Sessions

## The Development of Supportive Housing

Thank you for this opportunity to share some of our experience with you. At Trinity Place Foundation of Alberta, we have been working at developing a more Supportive Housing environment. Our demographics indicate to us that our particular tenant group has a higher incidence of physical, emotional, psychological, and spiritual needs than other groups. Supportive housing that touches on the frailties of tenants in all four dimensions is effective to supporting and maintaining tenants in their major transitions to more supportive settings or during a palliative period prior to their death.

## Forever Young

“One of the most striking things about old age is how much the experience differs, depending on the sort of life the individual has led.”

The Economist – March 27, 2004

## Housing and Health

- ▶ “When I was at home, I was in a better place.”

As you Like It  
William Shakespeare  
Act II Scene 4

## Housing and Health are linked

- ▶ Stable affordable housing offers a base for effective community care
- ▶ The move to long term care is less likely when the ***supportive services*** available address the key issues of wellness and timely access to health care services
- ▶ We have demonstrated the benefit of these services in several housing settings and in different ways.

We have been encouraged by Alberta Seniors and Community Supports to be creative about how we respond to the needs of our tenant group. We have attempted to make the Health Region in Calgary aware of our services and the contribution we make to Quality in Health Care. Unfortunately, the concept of partnership is difficult to promote in our region and we need to continue to respond intelligently to the growing needs of the population we serve and the growing demands of Health Care providers. The pressures put upon Health Care professionals require patients to be timely, appropriate, and conscientious. It turns out that the Health Care system has many needs and makes many demands of patients. For our tenants, often these demands cannot be met and they fall through the cracks and suffer the consequences of a break down in quality health care.

## Our tenant population

- ▶ Residents of the East Village and downtown form the largest cohort of low income households in Calgary.
- ▶ Over 80 percent have an annual income of under \$16,499.00

## Education levels

- ▶ 56.4 percent of the clients served by the health clinic indicated that elementary school was their **highest** level of education
- ▶ 23 percent reported completing high school
- ▶ 20 percent reported completing a college, technical, or university program

## Marital status

- ▶ 11 percent are married
- ▶ 35.2 percent are divorced
- ▶ 22.4 percent are widowed
- ▶ 18.6 percent are single.
- ▶ 12.9 percent are separated

## Medical Needs

- ▶ 50 percent had not had a medical exam in the past year.
- ▶ 3.2 percent had never had a checkup
- ▶ 39.8 percent stated that they were quite bothered or really bothered by physical symptoms (ie. pain or weakness)
- ▶ 35.5 percent stated that they don't have anyone to talk to about how they feel.

## Tobacco Usage

- ▶ 39.2 percent reported that they smoke daily compared to 15 percent of Canadians over the age of 55 who are daily smokers.

## Alcohol Usage

- ▶ No significant difference between national rate and the rate reported by residents from the East Village
- ▶ Observations from medical staff however, suggest that the negative effects of alcohol are more evident than what is typical or normal for this age group.
- ▶ Denial – Simpler than explaining.

## Understanding Losses

- ▶ Is it any wonder that people who feel they have suffered many losses often end up “lost”?
- ▶ What constitutes improvement or “gains” will be entirely different for this population.

## Losses lead to More Losses

- ▶ Those who are not vigilant will suffer further losses in service, opportunity, and continuity of Health Care.
- ▶ Non-compliance is a relative term and it is used to describe a wide range of behaviors.
- ▶ Frustration is a valid response to the systemic barriers that are routinely erected.
- ▶ Frustration leads to a break down in the continuity of care.

We find that many tenants respond poorly to Home Care. In our particular situation, we see almost continuous turnover of Home Care personnel. This results in a high level of frustration all around and sometimes tenants get tired of telling their medical history to the third or fourth Home Care Nurse and decline service.

## Feedback and Coordination

- ▶ What appears to be lacking now are the mechanisms that ensure quality such as:
- ▶ Feedback with Consumers
- ▶ Feedback from Stakeholders
- ▶ Coordination between Service Providers
- ▶ Follow-up with High Risk Groups
- ▶ Someone who will assume the *linking* or advocacy function

The Health Regions are facing pressures that don't allow them to pay attention to the valuable partners that exist in the community. They are focusing on other urgent pressures and our willingness to form partnerships with the Health Region does not appear to register as a good business opportunity.

## Systemic Health Care Issues

- ▶ “Off Service” Seniors are a growing problem.
- ▶ Seniors without a physician cannot easily access Home Care and other vital supports.
- ▶ Even those who are persistent may take up to three years to locate a physician.
- ▶ How can the Health Care system be expected to operate effectively when so many do not have a physician?
- ▶ We must speak the truth about seniors health care

A retired building manager timed her retirement to coincide with the retirement of her family physician. It took her three years of diligent searching to find a physician who wished to take her on. In our system of Health Care, the Physician drives the service and if there is no physician, health care quality and continuity is sure to suffer.

## The Press Secretary's dilemma



Since this cartoon was written, there have been two other press secretaries. No doubt being the press secretary for the President of the United States is a difficult task. George Bush seems to have made things more difficult that necessary for Press secretaries at least who are always being asked to tell the truth on tough issues.

## A Partnership Approach to Client Service

- ▶ We work closely with agencies and service providers to provide needed tenant supports
- ▶ Partnership means that we work together and share information and have a common purpose
- ▶ Our Partners
  - Alexandra Health Care Centre – Seniors Health Clinic
  - Calgary Seniors Resource Society
  - Calgary Catholic Immigration Society

## Alexandra Health Care Centre

- ▶ Provide mobile health care services to residents at Peter Coyle Place
- ▶ The Seniors Health Clinic is located in King Tower and offers immediate access
- ▶ The clinic includes the services of
  - 2 full time physicians
  - 1 nurse practitioner
  - 1 social worker
  - 1 recreation therapist

## Calgary Seniors Resource Society

- ▶ Provide assistance to tenants to qualify for seniors benefits and programs
- ▶ Provide referrals for those who are “off service” and disconnected
- ▶ Support our organization to accomplish our goals and ensure continuity of housing for the tenant, a key determinant of health.
- ▶ Help find alternate housing if necessary.

## Calgary Catholic Immigration Society

- ▶ Provides supports to increasing number of immigrant seniors
- ▶ Create community and enhance a sense of belonging
- ▶ Provide a linking function for those who have difficulties with English

## TPFA Supportive Programs and Services

- ▶ We are committed to assisting tenants to connect to needed community and health care services.
- ▶ Our Mission is to enrich the quality of life of low income seniors by promoting Wellness
- ▶ Our investment in services reduces health care costs for the Calgary Health Region.

Alberta Seniors and Community Supports have encouraged us along the way to expand our Supportive Services because they recognize that our demographics put our population at a higher level of risk and have greater needs.

## Wellness Nurse

- ▶ A part time R.N. is available to tenants at Carter Place.
- ▶ The focus of this position is on prevention, support, referral, and collaboration
- ▶ Provides a vital linking function for residents who frequently become “lost” or have lost interest in maintaining their health.

Many of the issues relate to language and communication. Carter Place has about a 30 percent Chinese speaking population and it is important to provide the support necessary to link these tenants to Chinese speaking physicians and other relevant community and cultural supports.

## Peter Coyle Place

### Seniors Assisted Living Project

- ▶ 20 dormitory beds
- ▶ 50 individual lodge type units
- ▶ light house keeping, laundry, meals, and supportive services to those, age 60 and over, who have exhausted their housing alternatives in the city of Calgary
- ▶ A full time social worker and a half time nurse work to establish and maintain connections to Health Care Services
- ▶ These residents display significant medical complexity
- ▶ The Alexander Health Care Centre offers mobile weekly health care services

While this has been a big challenge for our organization in the past year, we can say after nearly one year of operation that we see the benefits of a harm reduction strategy. We have moved tenants who were failing badly in our self-contained program and have seen remarkable improvements in their overall health and social interaction. It is easy to remain isolated in a self-contained apartment, no matter what programs are available. The Peter Coyle Place program encourages staff interaction and reduces some of the negative effects of social isolation. This has a particularly remarkable effect on those who have severe drinking behaviors and those who suffer from depression and other forms of mental illness.

## Community Resource Coordinator

### Service Coordination within Edwards Place – 147 suite apartment

- Full time social work position.
- Advocates with service providers to meet the changing needs of the residents.
- Coordination among service providers
- Promotes collaboration and partnerships
- Maximizes the use of limited resources
- Monitors satisfaction and adequacy of services.

## OUTCOMES

Year	Total Emergency Department Visits	Costs for EMS and visit to ER @ \$1000 per event	Number of inpatient admissions (average length – 12 days)	Estimated costs for Hospital @ \$1000/day
1999 – 2000	117	\$117,000	73	\$876,000
2000 – 2001	114	\$114,000	66	\$792,000
2001 – 2002	59	\$59,000	38	\$456,000

## OUTCOMES – Savings to the Health Care System

Assuming that the average length of stay did not vary from 1999 – 2002 we calculate the savings from reduced inpatient admissions to be \$420,000.00.

The savings calculated from reduced EMS visits is \$58,000.

**Total annual savings = \$478,000.00**

## Best Practices

- ▶ Collaboration and Partnerships require a great deal of effort to establish and maintain.
- ▶ Partnerships that are complementary, with clear boundaries and areas of competency identified, are more successful than those where the parties duplicate some of their functions.
- ▶ Office space is an important partnership contribution.
- ▶ Larger management bodies can hire staff to provide supportive services.

## Before you start

- ▶ Supporting Seniors to “Age in Place” will result in a higher degree of frailty in the resident population.
- ▶ Once supportive services are established, they must be maintained.
- ▶ Turnover in personnel is difficult to avoid in our current economic environment.
- ▶ Personnel Practices that focus on staff retention, professional development, and constructive and appreciative feedback seem to be essential.

## Questions

- ▶ See TPFA website [www.tpfa.ca](http://www.tpfa.ca) for more information regarding our portfolio and our supportive services.